

Docket No. 35-0016

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
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In re application of:

Laurence Bellagamba

Appln. No.: 09/875,998

Filed: June 6, 2001

**INTERNET PROVIDED SYSTEMS  
ENGINEERING TOOL BUSINESS  
MODEL**

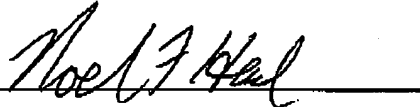
Examiner: Anil Khatri

Group Art Unit: 2124

Attorney Docket No. 35-0016


**OFFICIAL****CERTIFICATION OF FACSIMILE TRANSMISSION**I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (FAX No. 703-872-9306) on August 20, 2004.Noel F. Heal

Signature

**AMENDMENT**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office action dated May 20, 2004, in the application identified above, please enter the amendment below and consider the accompanying remarks.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>35-0016</b>	
Applicant(s): <b>Laurence Bellagamba</b>						
Application No. <b>09/875,998</b>	Filing Date <b>June 6, 2001</b>	Examiner <b>Anil Khatri</b>	Customer No.	Group Art Unit <b>2124</b>	Confirmation No.	
Invention: <b>INTERNET PROVIDED SYSTEMS ENGINEERING TOOL BUSINESS MODEL</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	5 -	21 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>14-1325</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>August 20, 2004</b>			
Noel F. Heal, Reg. No. 26,074 Northrop Grumman Space Technology One Space Park, E1/2031 Redondo Beach, CA 90278  Phone (310) 812-4910			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/875,998	
	Filing Date	June 6, 2001	
	First Named Inventor	Laurence Bellagamba	
	Art Unit	2124	
	Examiner Name	Anil Khatri	
Total Number of Pages in This Submission	12	Attorney Docket Number	35-0016

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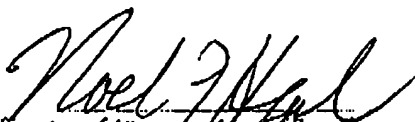
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	XX Change of attorney address
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	XX Amendment transmittal (in duplicate)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Transmitted by facsimile to (703) 872-9306	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Noel F. Heal, Reg. No. 26,074
Signature	<i>Noel F. Heal</i>
Date	August 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Noel F. Heal		
Signature	<i>Noel F. Heal</i>	Date	August 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>Change Of Attorney Or Agent's Address In Application</b> <b>(37 CFR 1.8(a))</b>			Docket No. <b>35-0016</b>
In Re Application Of: <b>Laurence Bellagamba</b>			
Application No. <b>09/875,998</b>	Filing Date <b>June 6, 2001</b>	Examiner <b>Anil Khatri</b>	Group Art Unit <b>2124</b>
Invention: <b>INTERNET PROVIDED SYSTEMS ENGINEERING TOOL BUSINESS MODEL</b>			
<b>COMMISSIONER FOR PATENTS</b>			
<p>Please send all correspondence for this application to:</p> <p><b>Patent Counsel</b> <b>Northrop Grumman Space Technology</b> <b>One Space Park, E1/2041</b> <b>Redondo Beach, CA 90278</b></p> <p>Customer Number:</p> <p>Please direct all telephone calls to:</p> <p><b>Noel F. Heal, (310) 812-4910</b></p> <div style="text-align: center; margin-top: 20px;"> <i>Signature of Attorney or Agent of Record</i></div> <p><b>Noel F. Heal, Reg. No. 26,074</b></p> <p style="text-align: right; margin-top: 20px;">Dated: <b>August 20, 2004</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px; text-align: center;"><p><del>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (date)</del></p><p><del>_____ Signature of Person Mailing Correspondence</del></p><p><del>_____ Typed or Printed Name of Person Mailing Correspondence</del></p></div>			
<small>Registration Number &amp; Address of Attorney or Agent of Record</small>			